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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines HCA INC. GOOD GOVERNMENT FUND PO BOX 550 ADDRESS (number and street) ONE PARK PLAZA Check if different than previously **NASHVILLE** TN 37203 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00067231 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 05 0 1 2009 05 3 1 2009 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. David Anderson Type or Print Name of Treasurer David Anderson Electronically Filed by 06 16 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name HCA INC. GOOD GOVERNMENT FUND <sup>®</sup> D " D 0.5 0 1 2009 0.5 3 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2009 205280.78 January 1 (b) Cash on Hand at 133676.61 Begining of Reporting Period ..... 1385.47 8162.68 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 135062.08 213443.46 6(a) and 6(c) for Column B) ..... 25683.11 104064.49 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 109378.97 109378.97 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

0 1 3<sup>D</sup>1 M N 2009 м м 0 5 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 2387.50 500.00 (i) Itemized (use Schedule A) .......... 857.50 3207.50 (ii) Unitemized ..... (iii) TOTAL (add 1357.50 5595.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 1357.50 5595.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 2000.00 Political Committees ..... 17. Other Federal Receipts 27.97 567.68 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 1385.47 8162.68 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 1385.47 8162.68 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date

~	On and the or Francisco Plants	Total This Period	Calendar Year-to-Date
∠1.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	100.11	574.40
	Expenditures	183.11	5714.49
	(c) Total Operating Expenditures	183.11	5714.49
,	(add 21(a)(i), (a)(ii) and (b))	103.11	3714.49
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	15500.00	85000.00
₽.	Independent Expenditure (use Schedule E)	0.00	0.00
ō.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
2	Loon Ponovimento Mado	0.00	0.00
ο.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	10000.00	13350.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	·	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
1.	Total Disbursements (add Lines 21(c), 22,		
•	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	25683.11	104064.49
	-,,,,,,,,,,		
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	27222 //	10100: :-
	from Line 31)	25683.11	104064.49

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	1357.50	5595.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	1357.50	5595.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	183.11	5714.49
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	183.11	5714.49

FE6AN026

John Marshall

City

Dickson

A.

## **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

Mailing Address 111 Hwy 70 E

HCA INC. GOOD GOVERNMENT FUND

FOR LINE NUMBER: PAGE 6/13 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Date of Receipt 0 5 14 2009 State Zip Code Transaction ID: SA11Al.18834 TN 37055 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Horizon Medical Center	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Tom Rice		Date of Receipt
Mailing Address 13130 Placida Pointe	Ct	05 07 YYYYY 05 07 2009
City	State Zip Code	Transaction ID: SA11AI.18827
Placida	FL 33946	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Fawcett Memorial	Occupation Health Administrator	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	<b>•</b>	500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 13 (check only one)  11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and ado	r not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUN	ND		
Full Name (Last, First, Middle Initial) Suntrust Bank Mailing Address P.O. Box 622227  City	State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Orlando  FEC ID number of contributing federal political committee.  Name of Employer	C Occupation	32862-2227	Amount of Each Receipt this Period  27.97  interest income
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 567.68	

		07.07
SUBTOTAL of Receipts This Page (optional)	<u> </u>	27.97
TOTAL This Period (last page this line number only)	<b>•</b>	27.97

State:

A.

District:

				_			_		
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:		PAGE 8/13				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 🔲	23	24 28c	25 29	26		
Any Information copied from such Reports and State or for commercial purposes, other than using the name of the commercial purposes.		any person	for the purpose	e of solicit	ting contri	butions			
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND									
Full Name (Last, First, Middle Initial) Suntrust Bank Mailing Address P.O. Box 622227			Transaction Date of Dis	_	nt	8855 Ž 0 ŏ 9	Y		
City Orlando Purpose of Disbursement	State Zip Code FL 32862-2227		Amount of	Each Dis		nt this Po	eriod		
account analysis fee Candidate Name	C	Category/ Type							
Office Sought: House Disburs Senate President	ement For:  Primary  General  Other (specify)								

		-	 -	 	
SUBTOTAL of Disbursements This Page (optional)	<u> </u>			 183.11	
TOTAL This Period (lost nego this line number only)	_	,		 183.11	
TOTAL This Period (last page this line number only)			 	 100.11	

TEMIZED DISBURSEMENTS  for each category of the Detailed Summary Page 27		Use sepa	arate schedule(s)	FOR LINE	
NAME OF COMMITTEE (In Full)  HCA INC. GOOD GOVERNMENT FUND  Full Name (Last, First, Middle Initial) GLACIER PAC  Mailing Address 818 Connecticut Ave. NW #1009 Suite 1009  City State Zip Code DC 20006 Purpose of Disbursement  Candidate Name  Office Sought: House Sound Interest Americal Sense of Disbursement Inturdralser  Candidate Name  Office Sought: X House Sound Inturdralser  Candidate Name  Office Sought: X House Sense of Disbursement For: Sense of Disbursement Inturdralser  Candidate Name  Office Sought: X House Sound Inturdralser  Office Sought: X House President  State: District: 02  Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS  Office Sought: X House President State: Disbursement Inturdralser  Candidate Name GUTHRIE FOR CONGRESS  Office Sought: X House President State: KY District: 02  Full Name (Last, First, Middle Initial) AWKEYE PAC, THE  Mailing Address PO Box 7255  City Des Moines  Office Sought: House President  Indicate Name  Office Sought: House President  Category/ Type  Amount of Each Disbursement this Peric  Category/ Type  Transaction ID: SB23.18846  Date of Disbursement  Office Sought: X House President  Sense President  Transaction ID: SB23.18846  Date of Disbursement this Peric  Category/ Type  Transaction ID: SB23.18847  Date of Disbursement this Peric  Category/ Type  Transaction ID: SB23.18847  Date of Disbursement this Peric  Amount of Each Disbursement this Peric  Tobac of Disbursement this Peric  Office Sought: House President  Offic	FEMIZED DISBURSEMENTS	for each	category of the	21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND  Full Name (Last, First, Middle Initial) GLACIER PAC  Malling Address 818 Connecticut Ave. NW #1009 Suite 1009 City					
Mailing Address 818 Connecticut Ave. NW #1009 Suite 1009  City State Zip Code Washington DC 20006  Purpose of Disbursement  Candidate Name  Office Sought: House President State: Disbursement For: Senate President Other (specify) ▼  City State Zip Code Primary General Other (specify) ▼  City State: Disbursement Tode Tach Disbursement Tode Tac	NAME OF COMMITTEE (In Full)		,,		
City Washington					
City Washington Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  City BOWLING GREEN KY 42102  Purpose of Disbursement for: State Zip Code BOWLING GREEN KY 42102  Full Name (Last, First, Middle Initial) General Other (specify) ▼  Category/ Type  Transaction ID: SB23.18846  Date of Disbursement this Perior Date of Disbursement Undraiser  Candidate Name Disbursement For: 2010		NW #1009			$\begin{bmatrix}\begin{smallmatrix}M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix}\begin{smallmatrix}D & D & D \\ 1 & 8 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix}\begin{smallmatrix}Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
Candidate Name  Candidate Name  Office Sought: House Senate Persident State: District:  Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS  Mailing Address PO BOX 9639  City State Zip Code KY 42102  Purpose of Disbursement for: 2010  Note (Specify) ▼  Transaction ID: SB23.18846  Date of Disbursement this Period Y 2 0 0 9 9  Amount of Each Disbursement this Period Y 2 0 0 9 9  Category/ Type  Office Sought: X House Senate Persident State: KY District: 02  Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE  Mailing Address PO Box 7255  City State Zip Code Seneral Other (specify) ▼  Transaction ID: SB23.18846  Date of Disbursement this Period Y 2 0 0 9 9  Transaction ID: SB23.18847  Date of Disbursement  Office Sought: Transaction ID: SB23.18847  Date of Disbursement  Office Sought: State Zip Code Des Moines IA 50309  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: Primary General Other (specify) ▼  Office Sought: Primary General Other (specify) ▼  Other (specify) ▼  Other (specify) ▼	City				Amount of Each Disbursement this Period
Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS  Mailing Address PO BOX 9639  City State Zip Code KY 42102  Purpose of Disbursement Undraiser  Candidate Name President State Xip Primary General Other (specify) ▼  Transaction ID: SB23.18846 Date of Disbursement  Office Sought: X House Senate President Other (specify) ▼  Transaction ID: SB23.18846 Date of Disbursement  Office Sought: X House Senate President Other (specify) ▼  Transaction ID: SB23.18846 Date of Disbursement this Period Category/ Type  Amount of Each Disbursement ID: SB23.18847 Date of Disbursement ID: SB23.18845 Date of Disbursement ID: SB23.18846 Date of Disbursem	Purpose of Disbursement				1000.00
Senate Prisident State: District:  Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS  Mailing Address PO BOX 9639  City BOWLING GREEN  Furpose of Disbursement fundraiser Candidate Name GUTHRIE FOR CONGRESS  Office Sought: X House President Senate Po Box 7255  City Des Moines  Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE  Mailing Address PO Box 7255  City Des Moines  Purpose of Disbursement  Candidate Name Clast, First, Middle Initial) HAWKEYE PAC, THE  Mailing Address  PO Box 7255  City State Zip Code Des Moines  Purpose of Disbursement For: 2010  Category/ Type  Amount of Each Disbursement this Period  Transaction ID: SB23.18847  Date of Disbursement  Office Sought: Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Office Sought: Amount of Each Disbursement this Period  Office Sought: Primary General  Office Sought: Other (specify) ▼	Candidate Name			0 ,	
Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS  Mailing Address PO BOX 9639  City BOWLING GREEN Purpose of Disbursement  Candidate Name GUTHRIE FOR CONGRESS  Office Sought:  X House President State: KY District: 02  Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE  Mailing Address PO Box 7255  City Des Moines Purpose of Disbursement  Candidate Name  City Des Moines  Category/ Type  Transaction ID: SB23.18846 Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB23.18847  Date of Disbursement  Office Sought:  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement  Office Sought:  Office Sought:  Category/ Type  Office Sought:  Disbursement For:  Senate Primary General  Other (specify) ▼  Category/ Type  Office Sought:  Office S	Senate President	Primary			
Mailing Address PO BOX 9639  City BOWLING GREEN  Purpose of Disbursement fundraiser Candidate Name GUTHRIE FOR CONGRESS  Office Sought: X House President  Nailing Address PO Box 7255  City State: KY District: 02  Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE  Mailing Address PO Box 7255  City Des Moines  Category/ Type  Disbursement  Other (specify)  Category/ Type  Transaction ID: SB23.18847  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB23.18847  Date of Disbursement  Other (specify)  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: Y Y Y O Y O Y  Amount of Each Disbursement  Other (specify)  Category/ Type  Office Sought: House Senate Primary General Other (specify)					T " ID ODGG 10010
City BOWLING GREEN  State KY 42102  Purpose of Disbursement fundraiser  Candidate Name GUTHRIE FOR CONGRESS  Office Sought: X House Senate President State: KY District: 02  Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE  Mailing Address PO Box 7255  City Des Moines Purpose of Disbursement Candidate Name  Category/ Type  Transaction ID: SB23.18847 Date of Disbursement  Modeling Address Disbursement  Category/ Type  Amount of Each Disbursement this Period  Transaction ID: SB23.18847 Date of Disbursement  Modeling Address Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Other (specify)  Other (specify)  Other (specify)  Transaction ID: SB23.18847 Date of Disbursement  Modeling Address Disbursement  Other (specify)	•				Date of Disbursement
BOWLING GREEN KY 42102  Purpose of Disbursement fundraiser  Candidate Name GUTHRIE FOR CONGRESS  Office Sought: X House Senate President President State: KY District: 02  Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE  Mailing Address PO Box 7255  City Des Moines IA 50309  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Disbursement To: 2010  State Zip Code IA 50309  Amount of Each Disbursement this Perior Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: House Other (specify) ▼  Office Sought: Primary General Other (specify) ▼	Mailing Address PO BOX 9639				$\begin{bmatrix} 0 & 5 & M \\ 0 & 5 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 5 \\ 1 & 5 \end{bmatrix} / \begin{bmatrix} 0 & 2 & 0 & 0 & 9 \\ 2 & 0 & 0 & 9 \end{bmatrix}$
Purpose of Disbursement fundraiser  Candidate Name GUTHRIE FOR CONGRESS  Office Sought: X House Senate President President State: KY District: 02  Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE  Mailing Address PO Box 7255  City State Zip Code Des Moines IA 50309  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Disbursement For: Category/ Type  Office Sought: House Office Senate Primary General Disbursement For: Category/ Type  Office Sought: House Office Senate Primary General Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  Amount of Each Disbursement this Period Other (specify) ▼  Other (specify) ▼  Other (specify) ▼	,				Amount of Each Disbursement this Period
Office Sought:	Purpose of Disbursement				1000.00
Office Sought:					
Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE  Mailing Address PO Box 7255  City State Zip Code Des Moines IA 50309  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President  Disbursement For: Senate President  Disbursement For: Senate Other (specify)  Office Sought: Other (specify)  Other (specify)  Other (specify)	Senate President	X Primary	General	,,	
Mailing Address PO Box 7255  City State Zip Code Des Moines IA 50309  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼	Full Name (Last, First, Middle Initial)				Transaction ID: SB23.18847 Date of Disbursement
Des Moines IA 50309  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼	Mailing Address PO Box 7255				
Candidate Name  Category/ Type  Office Sought:					Amount of Each Disbursement this Period
Office Sought:  Disbursement For:  Senate Primary Other (specify)	Purpose of Disbursement				1000.00
Office Sought:  Senate Primary President  Disbursement For:  General Other (specify) ▼	Candidate Name				
	Senate	Primary		-	
	Tesident				

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IT	EMIZED DISBI	JRSEMEN'	TS	for each	category of the Summary Page	F	(check of 21b 27	22 28a	X 23 28b	24 280	25 29	Н
	y Information copied fro											
$\sum_{i}$	NAME OF COMMITT HCA INC. GOOD (	EE (In Full)		<u></u>	oo o, a., pomoa							<u> </u>
	Full Name (Last, First, JOSEPH CAO FOR	,	8					_	saction I	D: SB20	3.18858	
	Mailing Address P	O BOX 56156	6					0 5	M / D	29	žoč	9
	City NEW ORLEANS			tate .A	Zip Code 70156			Amo	unt of Eac	ch Disburs	sement this	
	Purpose of Disbursem campaign	ient									1000.0	30
	Candidate Name JOSEPH CAO FOR	R CONGRESS					egory/ ype					
		House Senate President		nent For: Primary Other (spe	2010 General							
	Full Name (Last, First, MIKE PENCE COM	,							saction I	D: SB20	3.18844	
	Mailing Address P	P. O. Box 408						0 <sup>M</sup> 5	M / D	11 /	Ý ŽOŐ	9 Y
	City Anderson			tate	Zip Code 46015			Amo	unt of Ead	ch Disburs	ement this	s Perio
	Purpose of Disbursem fundraiser	ient	<u> </u>		10010						5000.0	00
	Candidate Name MIKE PENCE COM	 MMITTEE					tegory/					
		House Senate President strict: 06		nent For: Primary Other (spe	2010 General ecify)		<i>.</i> .					
	Full Name (Last, First, NATIONAL REPUB	,	TORIAL C	TTIMMC	EE				saction I	D: SB20	3.18845	
	Mailing Address 4	25 SECOND S	STREET N	E				0 <sup>M</sup> 5	M / D	15	žoč	9
	City WASHINGTON			tate OC	Zip Code 20002			Amo	unt of Ead	ch Disburs	ement this	s Perio
	Purpose of Disbursem fundraiser	ient									1000.0	00
	Candidate Name						egory/ ype					
	Office Sought:	House Senate		nent For: Primary Other (spe	General							
		President			JOII J / W							

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER: PAGE 11 / 13					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on 21b 27	22 X	23 24 28b 28c	25 29	26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND								
Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE  Mailing Address PO Box 16381				on ID: SB23. sbursement	18857 Ž 0 Ŏ	9 <sup>Y</sup>		
Sugar Land Purpose of Disbursement fundraiser	State Zip Code TX 77496		Amount of	Each Disburse	ment this			
	ment For: 2010 Primary General Other (specify)	Category/ Type						
Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Mailing Address PO BOX 5577 MANHATTANVILLE STA				on ID: SB23.	18843 Ž 0 0	9 <sup>Y</sup>		
City	State Zip Code NY 10027		Amount of	Each Disburse	ment this	Period		
Purpose of Disbursement contribution  Candidate Name RANGEL FOR CONGRESS		Category/			5000.00	0		
Office Sought: X House Disburse	ment For: 2010 Primary General Other (specify)	Type						
Full Name (Last, First, Middle Initial) TOM ROONEY FOR CONGRESS			Date of Dis	on ID: SB23.		Y		
Mailing Address 2336 S. East Ocean Blvd	. #313		0.5	26	ŽOĎ	9		
Stuart Purpose of Disbursement fundraiser	State Zip Code FL 34996		Amount of	Each Disburse	ment this			
ů X	ment For: 2010 Primary General Other (specify)	Category/ Type						
SUBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>			6500.0	0		

TOTAL This Period (last page this line number only) .....

A.

SCHEDULE B (FEC Form 3X)	I I lea canarata conadilla(c) I i	FOR LINE NUMBER:	PAGE 12/13
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	,		ŭ
NAME OF COMMITTEE (In Full)			
HCA INC. GOOD GOVERNMENT FUND			
Full Name (Last, First, Middle Initial)		Transaction ID: SE	323.18860
WYDEN FOR SENATE		Date of Disbursement	t
Mailing Address 123 NE 3RD SUITE 321		05 1 2 3 1	2009
City PORTLAND	State Zip Code OR 97232	Amount of Each Disb	ursement this Period
Purpose of Disbursement ck#2458 rtnd from candidate uncashed			-1000.00
Candidate Name WYDEN FOR SENATE		egory/ ype	
Office Sought:    House   Disburse   X	ment For: 2010 Primary General Other (specify)		
State: OR District: 00	•		

SUBTOTAL of Disbursements This Page (optional)	•	-1000.00
TOTAL This Period (last page this line number only)	<b>•</b>	15500.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NU	11111
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	$\square$	e) 22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Sta or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUN	)		
Full Name (Last, First, Middle Initial)		Т	ransaction ID: SB29.18849
Friends of THA		[	Date of Disbursement
Mailing Address 500 Interstate Blvd S			$ \begin{bmatrix} M & M \\ 0 & 5 \end{bmatrix} $ $ \begin{bmatrix} D & D \\ 2 & 0 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City	State Zip Code		Amount of Each Disbursement this Period
Nashville	TN 37210		
Purpose of Disbursement			10000.00
Candidate Name	C	ategory/ Type	
Office Sought: House Disbu	rsement For:		
Senate	Primary General		
President	Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	<b>•</b>	10000.00